OFFICE USE ONLY

PERMIT NO.

PROCESSOR (NAME OF COMPANY)				TELEPHO	TELEPHONE NUMBER		
					()		
MAILING ADDRESS	С	CITY		STATE		ZIP CODE	
FACILITY ADDRESS (IF DIFFERENT THAN ABOVE)					TELEPHONE NUMBER		
CITY	COUNTY		STATE		ZIP CODE		
PROCESSOR'S PRINCIPAL OR AUTHORIZED REPRESENTATIVE (CONTACT PERSON)							
TITLE					TELEPHONE NUMBER		
ESTIMATE OF AVERAGE SIX MONTH INVENTORY (BASED ON CAPACITY OF PROCESSING EQUIPMENT OR ACTUAL DATA FROM LAST Y)	E DDOCESSING MACHINEDY	
MANUFACTURER'S SPECIFICATIONS OR ACTUAL DATA)							
AVERAGE TONS PER MONTH							
AVERAGE TONS IN SIX MONTHS							
NOTE: A SIGNIFICANT INCREASE OR DECREASE IN INVENTORY MUST BE REPORTED TO THE DEPARTMENT AND MAY WARRANT REOPENING OF THE PERMIT.							
GEOGRAPHIC AREA SERVED (LIST MISSOURI COUNTIES TO BE SERVED - ATTACH LIST IF NECESSARY							
LEGAL DESCRIPTION OF PROCESSING EQUIPMENT (IF MOBILE EQUIPMENT IS USED, GIVE LEGAL DESCRIPTION OF FACILITY)							
1/4 OF THE 1/4, SECTION , ⁻	TOWNSH	HIP N, RA	NGE	(E/W) IN		COUNTY	
TYPE OF PROCESSING (SHREDDING, CUTTING, BALING ETC.)							
BRIEF DESCRIPTION OF PROCESSING METHOD(S)							
MATERIAL(S) RESULTING FROM PROCESSING METHOD							
PROPOSED END USE OR MARKET FOR PROCESSED MATERIALS							
I, the undersigned, certify that the information contained herein is true and complete and that the transport, disposal, storage or processing of waste tires will comply with the requirements of the Missouri Solid Waste Management Law and Rules. I understand that in the event of any false or fraudulent information in the application or of failure to operate in compliance with the applicable laws and rules, the permit may be revoked after due notice from the Missouri Department of Natural Resources.							
SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE)					DA	ATE	
PRINT NAME AND TITLE							